

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No.:

JAYAM KRISHNA IYER, M.D.,
JAYAM KRISHNAYER M.D., P.A.,
d/b/a Creative Health Center,

Defendants.

COMPLAINT

The United States of America sues the defendants under the False Claims Act, 31 U.S.C. § 3729, et seq., (the “FCA”) and alleges:

I. PARTIES, JURISDICTION, AND VENUE

1. The Court has jurisdiction over this action under 28 U.S.C. §§ 1331, 1345, 1335.
2. Venue in the Middle District of Florida is proper under 28 U.S.C. §§ 1391 and 1395.
3. The United States sues for treble damages and civil penalties under the FCA.
4. At all relevant times, the defendant Jayam Krishna Iyer, M.D., was licensed under Florida law to practice medicine in Clearwater, Florida. Dr. Iyer specialized in anesthesiology and pain management. Dr. Iyer was registered with the United States Drug Enforcement Administration (DEA) under DEA registration

number AK2006648. Dr. Iyer was also an approved Medicare provider until December 2, 2017.

5. The defendant Jayam KrishnaIyer M.D., P.A., doing business as the Creative Health Center, is a Florida professional corporation owned and operated by Dr. Iyer as a pain management clinic. The Creative Health Center's principal place of business is Clearwater, Florida.

II. LEGAL BACKGROUND

6. The FCA imposes liability on any person who "knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval." 31 U.S.C. §§ 3729(a)(1)(A).

7. "Knowingly" and "knowing" mean actual knowledge of the information, as well as deliberate ignorance or reckless disregard of the truth or falsity of the information. Specific intent is unnecessary. 31 U.S.C. § 3729(b)(1).

8. "Material" means "having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property." 31 U.S.C. § 3729(b)(4).

9. "Claim" means "any request or demand, whether under a contract or otherwise, for money or property" (i) that "is presented to an officer, employee, or agent of the United States"; (2) that "is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the [] Government [] providers or has provided any portion of the money or property requested or demanded or [] will reimburse such contractor, grantee, or other recipient for a portion of the money or property which is requested or demanded[.]" 31 U.S.C. § 3729(b)(2).

10. The United States, through the Department of Health & Human Services and the Centers for Medicaid & Medicare Services (“CMS”), runs Medicare, which is a federally funded healthcare program for people older than sixty-five, people younger than sixty-five with certain disabilities, and people with end-stage renal disease.

11. Medicare is divided into parts that provide different aspects of medical care. Part A covers hospital and other inpatient services. Part B covers physician outpatient services, among other things. Part C covers managed care plans, which involve private insurance companies contracting with CMS to provide Medicare services to beneficiaries through approved plans. Part D provides coverage for prescription drugs.

12. CMS administers Medicare in Florida through First Coast Service Options, Inc., which acts as a fiscal intermediary by reviewing, approving, and paying Medicare claims from providers who treat Medicare patients.

III. DR. IYER ADMITS FRAUDULENT CLAIMS TO MEDICARE

13. On August 24, 2018, the United States filed a one-count information against Dr. Iyer for healthcare fraud. Contemporaneously, Dr. Iyer pleaded guilty to that offense. *See Exhibit 1, Signed Plea Agreement.*

14. Dr. Iyer admitted that, as an approved Medicare provider, she was obligated (1) to provide truthful information; (2) to neither make nor use any materially false, fictitious, or fraudulent statements in connection with the delivery of or payment for health care services to Medicare beneficiaries; and (3) to comply with all Medicare and state laws and regulations.

15. Dr. Iyer admitted that beginning as early as July, 2011, and continuing through December, 2017, she engaged in a scheme to defraud Medicare by billing or causing to be billed services that were not rendered.

16. Specifically, Dr. Iyer admitted submitting or causing the submission of false and fraudulent claims for face-to-face office visits under current procedural terminology (“CPT”) code 99213. Dr. Iyer admitted that certain patients did not go to Dr. Iyer’s office for an office visit and that she did not examine those patients on the dates that she submitted a claim for a face-to-face office visit. Rather, a family member of the Medicare beneficiary went to the office with a note requesting that Dr. Iyer issue prescriptions for the patient, including Schedule II controlled substances. Dr. Iyer gave those prescriptions to the family member, despite not examining the patient, in violation of Florida law.

17. The patients known to the United States and Dr. Iyer at the time of the plea agreement included patients W.K., J.L., K.B., R.V., J.B., B.R., and A.Q. For those patients, Dr. Iyer submitted or caused the submission of \$51,521 in false and fraudulent claims to Medicare under Parts B and D.

18. As part of her plea agreement, Dr. Iyer agreed to forfeit \$51,521, which she admitted obtaining through healthcare fraud. Dr. Iyer also agreed to surrender her DEA registration and Florida medical license.

COUNT ONE
False Claims Act
Presentation of false claims
31 U.S.C. § 3729(a)(1)(A)

19. The United States re-alleges paragraphs 1 through 18.

20. As more particularly described in the foregoing paragraphs, Dr. Iyer admitted engaging in a criminal scheme to defraud Medicare by submitting or causing the submission of false and fraudulent claims to Medicare for face-to-face office visits. Thus, the defendants knowingly presented or caused to be presented false or fraudulent claims for payment or approval in violation of the False Claims Act.

21. As a result, the United States suffered damages of at least \$51,521 and likely hundreds of thousands of dollars more in payments to the defendants.

COUNT TWO
Unjust Enrichment

22. The United States re-alleges paragraphs 1 through 18.

23. The United States claims the recovery of all money by which the defendants were unjustly enriched.

24. As a consequence of the conduct described above, the defendants were unjustly enriched at the expense of the United States in an amount to be determined which, under the circumstances, in equity and good conscience should be returned to the United States.

PRAYER FOR RELIEF

1. On the first count under the False Claims Act, for the amount of the United States' damages, trebled as required by law, minus the amount paid as restitution to the United States, and such civil penalties as are required by law, together with all further just and appropriate relief.
2. On the second count for unjust enrichment, for the amount of the United States' damages, together with all further just and appropriate relief.
3. On all counts, an award of costs.

DEMAND FOR JURY TRIAL

The United States demands a jury trial.

Respectfully Submitted,

MARIA CHAPA LOPEZ
United States Attorney


LACY R. HARWELL

Florida Bar No. 714623
LINDSAY SAXE GRIFFIN
Assistant United States Attorney
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Attorneys for the United States

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

United States of America

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS

Jayam Krishna Iyer, M.D.
 Jayam Krishna Iyer, M.D., P.A.

County of Residence of First Listed Defendant _____ **Pinellas**
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
 THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

Lindsay Saxe Griffin, AUSA
 400 N. Tampa St. Suite 3200 Tampa, FL 33602 (813)274-6180

Attorneys (If Known)
 Dale Sisco
 Sisco-Law
 1110 N. Florida Ave. Tampa, FL 33602 (813)224-0555

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question
<i>(U.S. Government Not a Party)</i> |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity
<i>(Indicate Citizenship of Parties in Item III)</i> |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input checked="" type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability		<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud		<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 371 Truth in Lending		<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage		<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 385 Property Damage Product Liability		<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice			<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 195 Contract Product Liability				<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	SOCIAL SECURITY	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 899 Administrative Procedure
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 865 RSI (405(g))	<i>Act/Review or Appeal of Agency Decision</i>
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	Other:		<input type="checkbox"/> 950 Constitutionality of State Statutes
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other		
		<input type="checkbox"/> 550 Civil Rights		
		<input type="checkbox"/> 555 Prison Condition		
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		
		IMMIGRATION	FEDERAL TAX SUITS	
		<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	
		<input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

V. ORIGIN (Place an "X" in One Box Only)

- | | | | | | | |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) _____ | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (*Do not cite jurisdictional statutes unless diversity*):
 31 U.S.C. 3729

VI. CAUSE OF ACTION
 Brief description of cause:
 Civil liability for conduct that is subject to Crim Plea Agreement (pleading guilty to HCF, one count information)

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. **DEMAND \$** CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY (See instructions):
JUDGE **DOCKET NUMBER** _____

DATE SIGNATURE OF ATTORNEY OF RECORD
 02/20/2019 

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFFP JUDGE MAG. JUDGE

UNITED STATES DISTRICT COURT
for the

_____ District of _____

Plaintiff(s)

v.

Civil Action No.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (*name of individual and title, if any*) _____
was received by me on (*date*) _____.

- I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or
- I left the summons at the individual's residence or usual place of abode with (*name*) _____,
a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or
- I returned the summons unexecuted because _____; or
- Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the

_____ District of _____

Plaintiff(s)

v.

Civil Action No.

Defendant(s)

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If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

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was received by me on (*date*) _____.

- I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or
- I left the summons at the individual's residence or usual place of abode with (*name*) _____,
a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or
- I returned the summons unexecuted because _____; or
- Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: